to be syphilitic. Where the mother becomes infected toward the end of pregnancy the child may not share the infection. It is certainly true that every child born of suspicious parentage must be subjected to modern methods of examination, and if a positive result is obtained, appropriate treatment must be at once begun. Where the reaction is negative the child must be kept under observation and subjected to repeated and minute examinations. The old treatment of syphilis by mercury and potassium iodide was unsatisfactory, so far as the children were concerned, and in many cases after prolonged treatment a syphilitic mother gave birth to a syphilitic child. Salvarsan, in Baisch's experience, has been given intravenously in doses of 0.4 to 0.6 gram, the average being 0.5 gram. It is more active in its effect upon the spirochete than mercury, and seems to have a better and more rapid result. In 35 cases the Wassermann reaction was always positive, though several injections are needed in old cases to change the reaction. Apparently it is not necessary clinically to secure a positively negative reaction. Should healthy children be born, the treatment must be considered successful. It cannot be denied that occasionally mercurial treatment is successful, although in the majority of cases one cannot depend upon it. In 3 cases treated by salvarsan the results were favorable, so far as the child was concerned. Where salvarsan was injected into the mother Baisch saw no results upon the child. He believes that it is advantageous to treat the patient during the puerperal period, even though she is apparently well, if she gave birth to a macerated fetus. It is often impossible to give it in one injection, and the opportunity should be utilized in the puerperal state to secure this.

The Treatment of General Septic Peritonitis.—Morison (*Brit. Med. Jour.*, October 28, 1911) reports among others the case of a multipara in her eighth pregnancy, who introduced a bone crochet needle into her uterus with the object of procuring abortion. The needle broke, and but half of it was recovered by the patient. She walked into the hospital, and immediately after admission had a chill, with a pulse of 120 and a temperature of 106° F. The lower part of the abdomen was tender on pressure, and vaginal examination showed only a three months' pregnant uterus. Operation was done as soon as possible, and the cervix was first divided anteriorly to permit exploration. The needle was found lying across the interior of the uterus, and vaginal hysterectomy was performed. The peritoneum covering the uterus was acutely inflamed, with effusion. The patient recovered. The trend of this paper, and the discussion upon the subject, is to urge prompt operation upon all cases of septic peritonitis. Three depressing factors in these cases require attention: The first is exposure, and it is essential that these patients be kept warm during operation. The second is the danger of prolonged anesthesia, which can be reduced to a minimum by skill on the part of the anesthetizer by reducing the anesthesia to the shortest possible time, and having everything in readiness before the operation is undertaken. In Morison's experience, chloroform was used, in which the laryngeal reflex was deadened, and then ether was substituted. The third and most important factor was the avoidance of rough manipulations of the abdominal

contents. The general principles of drainage were carried out, and in severe cases the patient received about two pints of normal salt solution in a vein, with a small dose of adrenalin at a temperature of 100° F. Proctoclysis was employed, and in some patients as much as twenty-two pints was given in twenty-four hours. Lavage of the stomach was useful. The limited use of morphine proved valuable. Purgatives judiciously employed were also useful.

GYNECOLOGY

UNDER THE CHARGE OF

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Vesicocervical Fistula.—KÜSTNER (*Zeit. f. Geb. u. Gyn.*, 1911, lxix, 402) describes an operative method which, he says, in a large series of cases has never failed to cure this condition the first time. He makes a transverse incision in the anterior fornix, and then by blunt dissection, or with the aid of the scissors, completely separates the bladder from the cervix to a point at least 1 cm. above the upper edge of the bladder fistula, believing this to be an essential point in any operation for this condition. A few sutures of fine aluminum-bronze wire are now introduced in such a manner as to close the bladder opening, and to attach it, and a portion of the bladder wall below it, to the intact portion of the surface of the cervix *above* the cervix fistula. The latter is disregarded, or it may be transformed into a fissure by cutting through the bridge of tissue which separates it from the external os, this procedure sometimes being of value in facilitating orientation and application of the sutures. If the vagina is narrowed by scar tissue, or the uterus is very difficult to pull down, much help may be secured by making an extensive Schuchardt incision, or by completely circumcising the portio.

Combination of Tuberculosis and Carcinoma.—Two interesting cases of this condition affecting the female sexual organs have been very carefully studied by v. Franqué (*Zeit. f. Geb. u. Gyn.*, 1911, lxix, 409). One of these was a case of primary carcinoma of both tubes associated with tuberculosis, neither of these processes affecting the uterus or ovaries, except for the presence of carcinomatous metastases on the surface of the latter. In the second case the ovaries were free, both tubes tuberculous only, and the uterine mucosa tuberculous, with carcinomatous areas in the cervix. This patient had been operated on for tuberculous peritonitis several years previously. Franqué thinks that in both these cases the tuberculosis was the etiological factor in the development of the carcinoma, probably the inflammatory infiltration and disintegration of the connective tissue caused by the tuberculosis favoring the epithelial invasion, a condition which has come to be well recognized by most pathologists as occurring in other

organs of the body. It seems probable that in these cases the carcinoma was of multicentric origin, not only in the sense of arising simultaneously in different areas, but also because of arising from both superficial and glandular epithelium. Franqué calls attention to the atypical epithelial proliferation, somewhat suggestive of cancer, frequently seen in connection with tubal tuberculosis; he has found this in his case as well, but does not believe that this is a forerunner of true carcinoma, as the latter appears to him to arise from the unchanged epithelium. He believes that the tuberculous irritation is responsible for both this atypical, benign proliferation, and for the development of carcinoma, and sees in the demonstrated relationship between tuberculous and malignant conditions of the internal sexual organs a further reason for not treating the former conservatively unless operation is specially contraindicated.

End-results of Surgery in Neurasthenia.—Reynolds (*Boston Med. and Surg. Jour.*, 1912, clxvi, 275) says that he fully agrees with the conclusions reached at the joint meeting of the American Surgical and Gynecological Societies in 1910 with regard to this subject, namely, (1) that neurasthenia is fundamental in the individual, *i. e.*, that typical neurasthenias occur only in persons who are ill-developed in some particular, (2) that neurasthenia is never *in itself* an indication for surgical treatment, and (3) that it *is not necessarily a contraindication*. He believes that in the past many surgeons have neglected the second proposition, and have performed operations that were never indicated, thereby bringing surgery into much disrepute in this connection, but also that equally grave mistakes have been made by internists and neurologists, who have failed to realize the importance of the third proposition, thereby withholding treatment which might in many instances have been curative. The diagnosis in any given case as to whether the neurasthenia is really due to local lesions, or whether it is of general origin, but is referred by the patient to an etiologically unimportant symptom, is often of the greatest difficulty, but is also of the utmost importance. If after most careful examination it becomes evident that the nervous breakdown has preceded the development of local symptomatology, it will usually be safe to assume that the latter is not the responsible factor; operation should, therefore, be avoided in these cases, even in the presence of a demonstrable but non-lethal lesion. If, however, the local trouble appeared first, and especially if it has persisted unchanged for years, followed by the development of a neurasthenia, the former will generally be found to be the causative condition. A cardinal principle in treating local lesions of a gynecological nature in neurasthenics should be to avoid prolonged minor treatment, for even in cases where this is locally successful, it is almost certain to be generally deleterious. In gynecological work, moreover, radical extirpation of organs is usually accompanied by so much nervous shock as to be equally inadmissible in the treatment of neurasthenic patients; conservative operations should therefore be given the preference in all cases where they are at all possible. By a rational application of conservative surgery of the female reproductive organs in cases where a distinct lesion seemed to be at the bottom of the trouble, Reynolds has been able to cure 82 per

cent. of patients in whom neurasthenia figured prominently in the symptom-complex; he believes, therefore, that if these principles are carefully carried out many supposed *malades imaginaires* will be found susceptible of a prompt cure, or at least of being restored to a fair degree of health and happiness.

DERMATOLOGY

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Toxic Dermatoses.—HARTZELL (*Jour. Cutan. Dis.*, March, 1912), in a paper read before the American Dermatological Association, in a symposium on the toxic dermatoses, concludes that such diseases as erythema multiforma, urticaria, dermatitis herpetiformis, pemphigus, and some other bullous affections of uncertain classification, are toxemias due to a great variety of toxic substances which may be introduced into the body from without, may arise from auto-intoxication, or from local or general bacterial infection; and that, although they differ from one another sufficiently in their symptomatology and course to entitle them to be considered as separate and distinct affections, they are essentially one in their pathogenesis. Fordyce (*Ibid*), in a paper on "The Influence of Anaphylaxis in Toxic Dermatoses," read in this same symposium, regards the various forms of disease constituting the so-called erythema group of skin diseases as phenomena of anaphylaxis, and believes that this affords the most plausible explanation of the *modus operandi* of the many causes of these affections.

Syphilitic Erythema Nodosum.—JANSON (*Dermatologische Zeitschrift*, Band xviii, Heft 12) reports a case of secondary syphilis with universal small papular eruption, tendency to hemorrhages, and an erythema nodosum precisely like the idiopathic form of this affection. From the observation of his own case and a study of other cases in literature, Janson concludes that there can be no doubt about the occurrence of a specific luetic erythema nodosum. The treatment of this variety of the disease is that of syphilis, but iodine in combination with other antiluetic remedies seems to be especially effective.

LEVISEUR (*Jour. Cutan. Dis.*, November, 1911) thinks the resemblance between this form of erythema nodosum and Bazin's disease (erythema induratum) is becoming more and more apparent. He regards it as a malignant form of syphilis (precocious tertiary), which is frequently preceded, accompanied, or followed by gummata.